

Unclaimed Monies:

Please be advised that the Treasurer for the Town of Acton is in possession of checks which have been issued by the Town and not cashed and are presumed to be abandoned.

Notice has been sent to the last known address of the apparent owners of these checks as required by Mass General Laws Chapter 200A.

Any interested party may obtain information about these checks. Please complete the Unclaimed Check Form and submit by first class mail to the Accounting Department, 472 Main Street, Acton, MA 01720; by email to accounting@acton-ma.gov.

Unclaimed checks issued 01/01/2013 – 06/30/2014

BANERJEE, SUBHOJIT
BERTOLAMI, MATTHEW G
BUTTERBROOK FARM, LLC
FIORE, KIM P
FRANKLYN, DAWN A
GULLIVER, MAIRIN
HONG, KHANH T
JI WON KIM
LAW OFFICE OF DOUGLAS M
MERCURIO PC
LILY TRANSPORTATION CORP
MARAGET, STELLA A
NETHI, MURALI K
PARSONS, ANNE
PARSONS, ANNE
QI, YONG
SCHEIBEL, JOHANNA M
THE HULBERT FINANCIAL DIG
TAYLOR-EICHMAN, ALEXIA
TREMBLAY, CHERYL
VALDANBRINI, JOSEPH A
YANKEE GLASS AND MIRROR
ZHANG, ZHI FENG



Finance Office
472 Main Street
Acton, MA 01720
978-929-6624

ABANDONED and UNCLAIMED PROPERTY FORM

Name (as it appears on website)	Name and Address Correction (if Different) or Executor's Name and Address
Address	

Claimant must sign below (if more than one person is entitled to the property, both or all must sign).
Under penalties of perjury, I declare that my claim of ownership is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

Signature of Claimant

Date

Signature of Co-Owner (if applicable)

Date

(_____) _____
Telephone number

You must provide your name, address, telephone number, and signature for your claim to be processed.
If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate. **If all evidence requested by the Finance Office is not received, this claim will not be paid.**

(To be completed by the Finance Office)

Check Number:

Date:

Amount: